

**REQUEST TO INSPECT AND/OR COPY RECORDS  
OF THE  
RHODE ISLAND DEPARTMENT OF TRANSPORTATION**

**THIS FORM MUST BE COMPLETED IN FULL, SIGNED & DELIVERED TO:**

**OFFICE OF LEGAL COUNSEL  
RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
ROOM 250, TWO CAPITOL HILL  
PROVIDENCE, RHODE ISLAND 02903**

**PLEASE NOTE: FAILURE TO ANSWER ALL QUESTIONS ON THIS FORM WILL  
RESULT IN YOUR REQUEST BEING RETURNED TO YOU FOR COMPLETION.**

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NAME OF PERSON MAKING REQUEST:\_\_\_\_\_

ADDRESS OF PERSON MAKING REQUEST:\_\_\_\_\_

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TELEPHONE NUMBER:\_\_\_\_\_

**TITLE OF DOCUMENT(S) REQUESTED TO BE INSPECTED OR COPIED:**

**GENERAL DESCRIPTION OF SUBJECT MATTER OF DOCUMENT(S):**

**NAME & TITLE OF PERSON AT RIDOT HAVING CUSTODY OF REQUESTED  
DOCUMENT(S), IF KNOWN:**

**\*\*REQUEST IS MADE TO (Circle Your Choice): INSPECT ONLY/OBTAIN COPIES\*\***  
Copies of any documents are fifteen cents (\$.15) or the actual reproduction cost for paper larger than 8 1/2' by 14", plus an hourly charge of fifteen dollars (\$15.00) per hour for searching and copying, unless otherwise provided for by rules & regulations promulgated by RIDOT.

**\*\*THE INFORMATION REQUESTED (CIRCLE ONE): IS/IS NOT SOUGHT FOR  
PURPOSES OF LITIGATION AGAINST THE STATE OF RHODE ISLAND AND/OR ITS  
DEPARTMENT OF TRANSPORTATION.\*\***

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**DATE**

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**SIGNATURE OF PERSON MAKING REQUEST**